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# Florida Department of State

Division of Corporations Public Access System

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# REGISTERED AGENT CHANGE

1100 LINCOLN ROAD L.P.

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AUG 28 2008

**EXAMINER** 

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

Name of Limited Partnership or Limit	ted Liability Limited Partnership
10/21/2003	3. B03000000360
Date of filing/registration in Florids	Florida document number
. The name of the registered agent and the registered of separtment of State:	flice address as shown on the records of the Florids
registered agents of pla	ORIDA, LLC
Name	
100 S.E. 2 STREET, SUITE 2900	0
Addres	is
MIAMI PL 33131	· ·
City, State a	nd Zip
. The name and Florida street address of the new registe	ered agent and/or office:
C T Corporatio	n System
Name	
1200 South Pine I	Island Road
Florida street address (P.O.	Box not accontable)
Plantation	FL 33324
City, State an	nd Zip
i. Such change(s) is/are effective when filed by the Flori	ida Department of State.
11/2	
Signature of General Partner	
incoln GP Corp., GP, Florence Merceron, Secy.	
hereby accept the appointment as registered agent and a samply with the provisions of all stantes relative to the o	igree to act in this capacity. I further agree to moner and complete performance of my duties.
omply with the provisions of all stapiles relative to the p nd I am familiar with an accept the body allows of my	silon as registered agent.
	<b>ary</b> ASS
L. Z. Dindy Assistant Secret	
ignature of Registered Agent	RETAI AHAS
Signature of Registered Agent Filing Fee: \$35.00 Certified Copy (optional): \$52.50	AHASSEI
fignature of Registered Agent Filing Fee: \$35.00	RETARY OF AHASSEE, F
ignature of Registered Agent Illing Fee: \$35.00	RETARY OF ST AHASSEE, FLO
ignature of Registered Agent Illing Fee: \$35.00	RETARY OF STAT